

2275

Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	472	State Index No. <u>359</u>
District of <u>San Carlos</u>	ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. ....
Town of .....			Local Registrar's No. ....
or			
City of .....	(No. ....	St; .....	Ward)
FULL NAME OF CHILD <u>none</u>			Born <input checked="" type="checkbox"/> YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.			Alive <input checked="" type="checkbox"/> NO
Sex of Child <u>male</u>	Twin, Triplet or other	and	Number in order of birth
			Legitimate? <u>yes</u>
			Date of Birth <u>June 14</u> 191 <u>5</u>
			(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Leip Buckley</u>		Full Maiden Name <u>Blanche Norton</u>	
Residence <u>San Carlos</u>		Residence <u>San Carlos</u>	
Color or Race <u>Indian</u>	Age at last Birthday <u>30</u> (Years)	Color or Race <u>Indian</u>	Age at last Birthday <u>26</u> (Years)
Birthplace <u>Ariz</u>		Birthplace <u>Ariz</u>	
Occupation <u>farmer</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>3</u>	Number of children, of this mother, now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum? .....	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that <del>attended</del> the birth of above child; <del>and that it</del> occurred on <u>June 14</u> 191 <u>5</u> , at ..... M.			
*When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>H. P. Hallen</u>	(Attending physician, midwife, householder*)
Given or christian name added from a supplemental report ..... 191.....		Address <u>San Carlos</u>	
048-614-245		LOCAL REGISTRAR.	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	